DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/20/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02		(X3) DATE SURVEY COMPLETED	
155678		B. WING _	B. WING		06/16/2014		
NAME OF PROVIDER OR SUPPLIER WATERFORD PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 800 ST JOSEPH DR KOKOMO, IN 46901			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG				(X5) COMPLETION DATE
K 000	INITIAL COMMENTS		K	000			
	Licensure Survey was	ecertification and State s conducted by the Indiana Health in accordance with 42					
	Survey Date: 06/16/1	4					
	Facility Number: 002 Provider Number: 15 AIM Number: 200300	5678					
	Surveyor: Phillip Kon Specialist	nsiski, Life Safety Code					
	Health Campus was f Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire, NFPA (National Fire F LSC (Life Safety Code original building (1)co	2 CFR Subpart 483.70(a), the 2000 edition of the Protection Association) 101, e) and 410 IAC 16.2. The nsisting of 100, 200, 300, s surveyed with Chapter 19,					
	Type V (111) construct sprinklered. The facil with smoke detection open to the corridors detectors in resident s	ity has a fire alarm system in the corridors, in spaces and hard wired smoke sleeping rooms. The facility and had a census of 92 at					
	access were sprinkler	esidents have customary red and all areas providing sprinklered. The facility had					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/20/2014 FORM APPROVED OMB NO. 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02		(X3) DATE SURVEY COMPLETED	
	155678	B. WING _			06/	16/2014
NAME OF PROVIDER OR SUPPLIER WATERFORD PLACE HEALTH CAMPUS			800 S	T JOSEPH DR		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG	×	(EACH CORRECTIVE ACTION SHOULD B		(X5) COMPLETION DATE
no detached building	s. obert Booher, Life Safety	K	000			
A Life Safety Code F Licensure Survey wa State Department of CFR 483.70(a).	Recertification and State s conducted by the Indiana Health in accordance with 42	K	000			
Facility Number: 002 Provider Number: 15 AIM Number: 20030	6667 55678 0090					
Waterford Place Hear compliance with Required Medicare/Medicaid, 4 Life Safety from Fire, NFPA (National Fire ILSC (Life Safety Cod Rooms 201 to 208 or (2) which is complete building were survey Health Care Occupar This one story facility Type V (111) construct sprinklered. The facility smoke detection	Ith Campus was found in uirements for Participation in 12 CFR Subpart 483.70(a), the 2000 edition of the Protection Association) 101, te) and 410 IAC 16.2. In 200 hall of the new building ty separate from the original the with Chapter 18, New Incies. Was determined to be of cition and was fully lity has a fire alarm system in the corridors, in resident					
	SUMMARY ST (EACH DEFICIENCE REGULATORY OR I Continued From page no detached building: Quality Review by Re Code Specialist-Medi INITIAL COMMENTS A Life Safety Code R Licensure Survey wa State Department of CFR 483.70(a). Survey Date: 06/16/2 Facility Number: 002 Provider Number: 15 AIM Number: 20030 Surveyor: Phillip Kor Specialist At this Life Safety Co Waterford Place Hea compliance with Req Medicare/Medicaid, 4 Life Safety from Fire, NFPA (National Fire I LSC (Life Safety Cod Rooms 201 to 208 or (2) which is complete building were survey Health Care Occupar This one story facility Type V (111) construct sprinklered. The faci with smoke detection sleeping rooms and in	TIDENTIFICATION NUMBER: 155678 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 no detached buildings. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/19/14. INITIAL COMMENTS A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/16/14 Facility Number: 002667 Provider Number: 155678 AIM Number: 200300090 Surveyor: Phillip Komsiski, Life Safety Code	TOORRECTION 155678 155678 B. WING ROVIDER OR SUPPLIER RED PLACE HEALTH CAMPUS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 no detached buildings. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/19/14. INITIAL COMMENTS A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/16/14 Facility Number: 002667 Provider Number: 155678 AIM Number: 200300090 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, The Legacy at Waterford Place Health Campus was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. Rooms 201 to 208 on 200 hall of the new building (2) which is completely separate from the original building were surveyed with Chapter 18, New Health Care Occupancies. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in resident sleeping rooms and in spaces open to the	TORRECTION IDENTIFICATION NUMBER: A BUILDING 01, 02 B. WING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 no detached buildings. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/19/14. INITIAL COMMENTS A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/16/14 Facility Number: 155678 AIM Number: 200300090 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, The Legacy at Waterford Place Health Campus was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. Rooms 201 to 208 on 200 hall of the new building (2) which is completely separate from the original building were surveyed with Chapter 18, New Health Care Occupancies. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in resident sleeping rooms and in spaces open to the	TOTAL COMMENTS A BUILDING 01, 02 B WING STREET ADDRESS, CITY, STATE, ZIP CODE 800 ST JOSEPH DR KOKOMO, IN 46901 SUMMARY STATEMENT OF DETICIONES (EACH DEPOCINCE) WINSE OF PROCESSION OF THE REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 no detached buildings. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/19/14. INITIAL COMMENTS A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/16/14 Facility Number: 002667 Provider Number: 155678 AIM Number: 200300090 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, The Legacy at Waterford Place Health Campus was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Ife Safety Completely separate from the original building were surveyed with Chapter 18, New Health Care Occupancies. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in resident sleeping rooms and in spaces open to the	TOORTICATION NUMBER: 155678

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/20/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG 01, 02		(X3) DATE SURVEY COMPLETED		
		155678	B. WING _			06/16/2014		
NAME OF PROVIDER OR SUPPLIER WATERFORD PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 800 ST JOSEPH DR KOKOMO, IN 46901				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE		
K 000	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		K	TAG CROSS-REFERENCED TO THE APPRO				